



University of Connecticut Health Center  
*John Dempsey Hospital*

April 1, 2005

Commissioner Christine A. Vogel  
Office of Health Care Access  
410 Capitol Avenue, MS#13 HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

Dear Commissioner Vogel:

Please accept this letter of intent and attached documentation for a CON application to Expand Interventional Electrophysiology and Cardiac Catheterization Programs.

Please let me know if you should have any questions.

Sincerely,

Paula McManus  
Associate Vice President  
Planning, Network Development & Managed Care

Attachment

COMMUNICATIONS OFFICE OF  
HEALTH CARE ACCESS

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RECEIVED



## State of Connecticut Office of Health Care Access Letter of Intent/Waiver Form Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

### SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One
Full legal name	<b>John Dempsey Hospital</b>
Doing Business As	
Name of Parent Corporation	<b>University of Connecticut Health Center University of Connecticut State of Connecticut</b>
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	<b>263 Farmington Avenue Farmington, CT 06030-3802</b>
Applicant type (e.g., profit/non-profit)	<b>State Agency</b>
Contact person, including title or position	<b>Paula McManus Associate Vice President</b>
Contact person's street mailing address	<b>263 Farmington Avenue Farmington, CT 06030-3802</b>
Contact person's phone #, fax # and e-mail address	<b>Phone: 860-679-3180 Fax: 860-679-1130 Email: mcmanus@nso.uchc.edu</b>

## SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

### **Expand Interventional Electrophysiology and Cardiac Catheterization Programs**

b. Type of Proposal, please check all that apply:

☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

☒ New (F, S, Fnc) ☐ Replacement ☐ Additional (F, S, Fnc)

☐ Expansion (F, S, Fnc) ☐ Relocation ☐ Service Termination

☐ Bed Addition ☐ Bed Reduction ☐ Change in Ownership/Control

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

☐ New ☐ Replacement ☐ Major Medical

☐ Imaging ☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

**263 Farmington Avenue  
Farmington, CT 06030**

d. List all the municipalities this project is intended to serve:

**Avon, Burlington, Bloomfield, Canton, East Hartford, Farmington, Granby, Hartford, New Britain, Newington, Simsbury, West Hartford, Barkhamsted, Berlin, Bristol, Cromwell, East Granby, East Windsor, Glastonbury, Hartland, Harwinton, Litchfield, Manchester, New Hartford, Plainville, Plymouth, Rocky Hill, South Windsor, Southington, Torrington, Vernon, Wethersfield, Winchester, and Windsor.**

e. Estimated starting date for the project:

**July 1, 2005**

f. Type of project:

**10 and 25**

**Number of Beds (to be completed if changes are proposed)**

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

**SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

a. Estimated Total Capital Expenditure: **\$ 5,187,387**

b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$1,146,838
Medical Equipment (Purchase)	\$4,040,549
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
<b>Total Capital Expenditure</b>	<b>\$5,187,387</b>
Fair Market Value of Leased Equipment	
<b>Total Capital Cost</b>	<b>\$5,187,387</b>

**Major Medical and/or Imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit
<b>EP Suite</b>			1	<b>\$2,778,682</b>
<b>Cath Lab Suite</b>			1	<b>\$1,261,867</b>

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☒ Lease Financing
 ☐ Conventional Loan  
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding  
☐ Funded Depreciation
 ☐ Other (specify): \_\_\_\_\_

**SECTION IV. PROJECT DESCRIPTION**

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

**If requesting a Waiver of a Certificate of Need, please complete Section V.**

**SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT**

I may be eligible for a waiver from the Certificate of Need process because of the following:  
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
  - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: \_\_\_\_\_.
  - ☐ The cost of the equipment is not to exceed \$2,000,000.
  - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

**AFFIDAVIT**

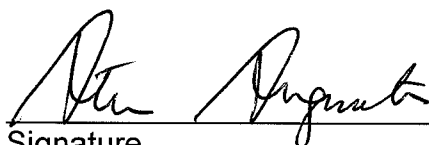
Applicant: John Dempsey Hospital

Project Title: Expand Interventional Electrophysiology and Cardiac Catheterization Programs

I, Steven L. Strongwater, M.D., Hospital Director  
(Name) (Position – CEO or CFO)

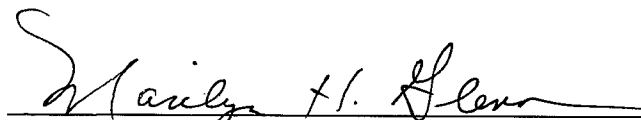
of John Dempsey Hospital being duly sworn, depose and state that the  
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to  
the best of my knowledge, and that John Dempsey Hospital complies with the appropriate  
and  
(Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486  
and/or 4-181 of the Connecticut General Statutes.

  
Signature

4/1/05  
Date

Subscribed and sworn to before me on 4/1/05



Notary Public/Commissioner of Superior Court  
**MARILYN H. GLENN**  
**NOTARY PUBLIC**  
MY COMMISSION EXPIRES OCT. 31, 2008

My commission expires: \_\_\_\_\_

## Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

### Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

### Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

### Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical



## Project Description

Applicant: John Dempsey Hospital Project Title: Expand Interventional Electrophysiology and Cardiac Catheterization Laboratories

John Dempsey Hospital is the acute care general hospital of the UConn Health Center (UCHC). The UCHC and its School of Medicine (SOM) have formulated a long-term strategic plan that focuses on "Signature Programs." Signature Programs are areas of significant academic and clinical strengths. UCHC, under the leadership of Dr. Bruce Liang, has established a Cardiovascular Signature Program. The program is based on strong basic science and translational research in cardiovascular biology that is linked to a growing and increasingly busy clinical cardiovascular service at the UCHC. The clinical component of the Cardiovascular Signature Program presently provides a full range of routine cardiac diagnostic services, diagnostic catheterizations, angioplasty and other interventional cardiology procedures, as well as open heart surgery. While UCHC is well recognized in the region and nationally for the medical management of congestive heart failure and acute myocardial infarction, its interventional electrophysiology program has not been fully developed. Currently, insertion of the pacemaker and defibrillator occurs in the swing laboratory of the single cardiac catheterization laboratory. In phase I of the project, we propose to develop a state-of-the art interventional electrophysiology laboratory for the insertion of pacemakers and defibrillators, as well as cardiac ablation procedures. Recent technological advances and improvement in the standard of care for cardiac conditions are expected to result in large increases in the use rates for these procedures. In phase II of the project, we propose to add a second catheterization laboratory to support the growing number of diagnostic and interventional catheterization procedures which have exceeded the capacity of the single aging catheterization laboratory at the hospital.

The demographics of the immediate service area John Dempsey Hospital, that is Farmington Valley, is growing and aging, both predictors of significant increased need for interventional cardiology services. Beyond Farmington Valley, John Dempsey Hospital serves a broad service area for cardiology and other clinical services. Hartford Hospital and Saint Francis Hospital and Medical Center are two hospitals in the boarder service area that provide the same or similar services to those proposed. The projected increase in use rates indicates that the proposed program will not impact volume at those facilities. More importantly, the ability to provide these expanded cardiovascular interventional services is part of the overall strategic plan of the UCHC and its SOM to build and link clinical strengths with academic missions under the Cardiovascular Signature Program.